

BEACON OF HOPE COMMUNITY SERVICES  
62 WEST STREET  
P.O. BOX 426  
LEOMINSTER, MA 01453

Volunteer Application

(Please Print)

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Employment Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_

Special Skills & Interests: \_\_\_\_\_  
\_\_\_\_\_

Physical Limitations: \_\_\_\_\_  
\_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_  
Phone #: \_\_\_\_\_

References: (3)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

INTERNAL USE ONLY

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Start Date: \_\_\_\_\_